



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ CTR000002592

01/30/96

INSTALLATION ADDRESS

ATLANTIC GROUP THE  
63 GLOVER AVE  
NORWALK, CT 06850  
LAURIE CHAPMAN PRE PRESS ASST

63 GLOVER AVE  
NORWALK, CT 06850

**REQUEST FOR CHANGE**

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT R000002592 Company Name: ATLANTIC GROUP THE

Date of Request: 3/21/00 Town: NORWALK

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation	ATLANTIC GROUP THE	<del>THE MOSAIC</del>	PER 99 SQG REPORT
II. Location of Installation			
III. Mailing Address of Installation	63 GLOVER AVE NORWALK CT 06850	2 OAKWOOD AVE NORWALK CT 06850	
IV.a. Installation Contact's Name	LAURIE CHAPMAN	JOAN BENZ	
b. Installation Contact's Title	PRE PRESS ASST	PROD MGR	
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status  Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility		Change Status to:	



Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

DEP-Waste Management Bureau

RECEIVED  
Date Received  
(For Official Use Only)

OCT 25 1995

TSW  
12/6/95  
QC  
12/14/95

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification  
(Complete Item C)

CTR000002592

II. Name of Installation (Include company and specific site name)

THE ATLANTIC GROUP

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

63 GLOVER STREET

Street (Continued)

City or Town

NORWALK

State

Zip Code

CT 06850-

County Code

County Name

001 FAIRFIELD

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

63 GLOVER AV.

City or Town

NORWALK

State

Zip Code

CT 06850-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

CHAPMAN

LAURIE

Job Title

Phone Number (Area Code and Number)

pre press. ASS.

203-840-4984

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☐ ☒ ☐

B. Street or P.O. Box

63 GLOVER AV.

City or Town

NORWALK

State

Zip Code

CT 06850-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ROBERT NIZOLEK

Street, P.O. Box, or Route Number

63 GLOVER AV.

City or Town

NORWALK

State

Zip Code

CT 06850-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

203-840-4984

P

X

Yes

No

Month

Day

Year



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D011

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

ROBERT J NIZOLEK

Name and Official Title (Type or print)

[Signature]

Date Signed

10/3/95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)